



**ATTORNEY DOCKET NO. 19113.0093U2
EXPRESS MAIL NO. EV 915421675 US**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of
Mark S. George et al.
Application No.: **10/509,262**
Filing Date: **May 11, 2005**
For: **METHODS AND SYSTEMS
USING TRANSCRANIAL MAGNETIC
STIMULATION TO ENHANCE
PERFORMANCE**

TRANSMITTAL LETTER

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Ballard Spahr Andrews & Ingersoll, LLP
Customer Number 23859

Sir:

Transmittal herewith is/are the following in the above-identified application:

<input checked="" type="checkbox"/>	Response to Non Final Office Action	<input checked="" type="checkbox"/>	Petition For Extension of Time
<input checked="" type="checkbox"/>	Fee as calculated below	<input type="checkbox"/>	Supplemental Declaration
<input type="checkbox"/>	No Additional Fee Required	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Corrected Drawings	<input type="checkbox"/>	Other _____

CLAIMS AS AMENDED							
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		
Total Claims	21	21	0	X \$50.00	\$0.00		
Independent Claims	5	5	0	X \$210.00	\$0.00		
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim			+ \$370.00		\$0.00		
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$460 <input type="checkbox"/>	3 rd Month \$1050 <input checked="" type="checkbox"/>	4 th Month \$1640 <input type="checkbox"/>	5 th Month \$2230 <input type="checkbox"/>		\$1,050.00
<input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -							-\$525.00
TOTAL FEE DUE							\$525.00

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Payment:

- A check in the amount of \$_____ is enclosed.
- Payment by credit card in the amount of \$525.00 for the fees designated above is submitted via enclosed Form PTO-2038.
- Payment by credit card in the amount of \$_____ for the fees designated above is submitted via EFS-Web.
- The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Ballard Spahr Andrews & Ingersoll, LLP

/Charley F. Brown #52,658/
Charley F. Brown
Registration No. 52,658

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